

Durable power of attorney for health care choices & Health care choices directive

Part I. Durable power of attorney for health care choices

If you do **NOT** want to name a durable power of attorney for health care choices, but want to complete a health care choices directive, initial here and go to **Part II**.

I, _____, Social Security No. _____,

appoint

_____, _____,
Name Phone

Address

as my agent for health care choices when I am unable to make decisions or communicate my wishes. In the case the person above cannot serve as my agent, or if I am divorced from or legally separated from the agent above, I appoint the person below:

_____, _____,
Name Phone

Address

This alternate agent may make health care decisions for me when I am unable to do so or to communicate my wishes.

Part I. Durable power of attorney for health care choices (continued)

This durable power of attorney becomes effective when **two** physicians certify that I am incapacitated and unable to make and communicate health care choices.

You may choose to have one physician, instead of two, determine whether you are incapacitated. If you want to exercise this option, allowing one physician to determine whether you are incapacitated, initial here.

By completing this durable power of attorney, I authorize my agent to make all decisions for me regarding my health care. This includes the power to withdraw any type of health care, treatment or procedure, even if I may die in the process. I expect my agent to follow my health care choices directive. My agent has the power to:

- Consent, refuse or withdraw consent to artificially supplied nutrition and hydration.
- Make all necessary arrangements for health care on my behalf. This includes admitting me to any hospital, psychiatric treatment facility, hospice, nursing home or other health care facility.
- Hire or fire health care personnel on my behalf.
- Request, receive and review my medical and hospital records.
- Take legal action if necessary to do what I have directed.
- Carry out my wishes regarding autopsy and organ donation, and decide what should be done with my body.

My agent under this durable power of attorney will not incur any personal financial liability. The agent also should not be compensated for services performed for me. However, the agent shall be reimbursed for reasonable expenses that are part of my care.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT, WHEN EFFECTIVE, SHALL NOT TERMINATE OR BE VOID OR VOIDABLE IF I AM OR BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

Signature _____ Social Security No. _____